## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/522922

APPLICANT(S)

FILING DATE

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| 54<br>55   | $\longrightarrow$                                |              | -}-            | -           |                | -          |                        |  |  |  |
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| 94         |  | 1            | $\Box$         |             |                | _          | 377                    |  |  |  |
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| 98         | <b>├</b> ──                                      |              |                |             |                | コ          |                        |  |  |  |
| 100        |  |              |                |             |                | _1         | e e                    |  |  |  |
| TOTAL UND. |  |              | 1              |             |                |            | 10 A .<br>1 10<br>1 10 | ] 1  |  |  |
| TOTAL DEP  |  | 4            |                | <u> </u>    | 40             |            |                        | 4  |  |  |
| TOTAL      |  |              |                | i .         |                |            |                        |  |  |  |

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